Fill in this in Debtor 1	nformation to identify your case: Delonda Denise Miche	elle Kelly					
D. 1	Full Name (First, Middle, Last)						
Debtor 2 (Spouse, if fil	ing) Full Name (First, Middle, Last)						
	es Bankruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI		is is an amended plan, and			
Case numbe	er:		list below the	he sections of the plan that changed.			
Chapter	13 Plan and Motions for	Valuation and Lien Avoidance]	12/17			
Part 1: N	otices						
To Debtors:	indicate that the option is	that may be appropriate in some cases, but the prappropriate in your circumstances or that it is perules and judicial rulings may not be confirmable. It is plan.	missible in your jud	icial district. Plans that			
	In the following notice to cr	editors, you must check each box that applies					
To Creditor	s: Your rights may be affected	Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.					
	You should read this plan can attorney, you may wish t	arefully and discuss it with your attorney if you have o consult one.	one in this bankruptc	y case. If you do not have			
	to confirmation on or befo	eatment of your claim or any provision of this plare the objection deadline announced in Part 9 of t Bankruptcy Court may confirm this plan without ule 3015.	he Notice of Chapter	r 13 Bankruptcy Case			
	The plan does not allow cla	ms. Creditors must file a proof of claim to be paid ur	nder any plan that mag	y be confirmed.			
	plan includes each of the f	be of particular importance. Debtors must check on collowing items. If an item is checked as "Not Include if set out later in the plan.					
	limit on the amount of a secured partial payment or no payment at	claim, set out in Section 3.2, which may result in all to the secured creditor	☐ Included	✓ Not Included			
1.2 Av	oidance of a judicial lien or nonp	ossessory, nonpurchase-money security interest,	☐ Included	✓ Not Included			
	out in Section 3.4. nstandard provisions, set out in I	Part 8.	☐ Included	✓ Not Included			
Part 2: P	an Payments and Length of Plan		1				
	ngth of Plan.						
The plan per	iod shall be for a period of 36	months, not to be less than 36 months or less than 60	0 months for above m	edian income debtor(s). If			
	0 months of payments are specified	, additional monthly payments will be made to the ex					
2.2 De	btor(s) will make payments to the	e trustee as follows:					
		semi-monthly, weekly, or bi-weekly) to the cisued to the debtor's employer at the following address		less otherwise ordered by			
	Express Check Advance 135 N. Church St.						
	Spartanburg SC 29306-00	000					

APPENDIX D Chapter 13 Plan Page 1

Debtor	_	Delonda Denise Michelle Kelly	Case number			
		pay (monthly, semi-monthly, weekly recting payment shall be issued to the joint debtor's e	y, or Di-weekly) to the chapter 13 trustee. Unless otherwise ordered by the imployer at the following address:			
2.3	Income	e tax returns/refunds.				
		all that apply				
	✓	Debtor(s) will retain any exempt income tax refunds				
		Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term.				
		Debtor(s) will treat income refunds as follows:				
2.4 Addi	_	ayments.				
Checi	k one. ✓	None. If "None" is checked, the rest of § 2.4 need to	ot be completed or reproduced.			
Part 3:	Treati	nent of Secured Claims				
3.1	Mortga	gages. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.).				
√ Insert	None.	all that apply. If "None" is checked, the rest of § 3.1 need not be co nal claims as needed.	mpleted or reproduced.			
3.2	Motion	for valuation of security, payment of fully secured	claims, and modification of undersecured claims. Check one			
	✓	None. If "None" is checked, the rest of § 3.2 need to	ot be completed or reproduced.			
3.3	Secure	d claims excluded from 11 U.S.C. § 506.				
	Check o	one. None. If "None" is checked, the rest of § 3.3 need n	ot be completed or reproduced.			
3.4	Motion	to avoid lien pursuant to 11 U.S.C. § 522.				
Check on	e. ✓	None. If "None" is checked, the rest of § 3.4 need n	ot be completed or reproduced.			
3.5	Surrender of collateral.					
	Check o	None. If "None" is checked, the rest of § 3.5 need in The debtor(s) elect to surrender to each creditor list that upon confirmation of this plan the stay under 1	not be completed or reproduced. ed below the collateral that secures the creditor's claim. The debtor(s) request I U.S.C. § 362(a) be terminated as to the collateral only and that the stay wed unsecured claim resulting from the disposition of the collateral will be			
		Name of Creditor	Collateral			
Marine Tower		ce	Secured by unknown houshold items may be secured by items made up by the loan taker			
Insert add	ditional	claims as needed.				
Part 4:	Treat	nent of Fees and Priority Claims				

Debtor	Delonda Denise	Michelle Kelly		Case number	
4.1	General Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.				
4.2	Trustee's fees Trustee's fees are governed by statute and may change during the course of the case.				
4.3	Attorney's fees.				
	✓ No look fee:	.00			
	Total attorney fee ch	arged: \$3,4	400.00		
	Attorney fee previou	sly paid: \$1,5	550.00		
	Attorney fee to be pa confirmation order:	id in plan per \$1,8	350.00		
	☐ Hourly fee: \$ (a	Subject to approval of	of Fee Application	.)	
4.4	Priority claims other tha	an attorney's fees a	nd those treated i	in § 4.5.	
	Check one. ✓ None. If "None	" is checked, the rest	of § 4.4 need not	be completed or reproduced.	
4.5	Domestic support obliga	ations.			
	None. If "None	" is checked, the rest	of § 4.5 need not	be completed or reproduced.	
Part 5:	Treatment of Nonprior				
5.1	providing the largest payr The sum of \$ % of the tot	cured claims that are nent will be effective al amount of these cl	e not separately cla e. Check all that a laims, an estimate		ore than one option is checked, the option his plan.
				nonpriority unsecured claims would nonpriority unsecured claims wi	d be paid approximately \$0.00. Il be made in at least this amount.
5.2	Other separately classif	ied nonpriority uns	ecured claims (sp	ecial claimants). Check one.	
	None. If "None" is checked, the rest of § 5.2 need not be completed or reproduced. The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows:				
	Name of Creditor	Basis for separa and trea Educational		Approximate amount owed	Proposed treatment
EUFIIIa	ancial Services	Paid at 0%		\$3,492.00	defer payments
Insert ad	lditional claims as needed.				
Part 6:	Executory Contracts a	nd Unexpired Lease	·s		

Debtor	Delonda Denise Michelle Kelly	Case number		
6.1	The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. <i>Check one</i> .			
	None. If "None" is checked, the rest	of § 6.1 need not be completed or reproduced.		
Part 7:	Vesting of Property of the Estate			
7.1	Property of the estate will vest in the debtor	(s) upon entry of discharge.		
Part 8:	Nonstandard Plan Provisions			
8.1 Part 9:		rovisions of Part 8 need not be completed or reproduced.		
complei	Signatures of Debtor(s) and Debtor(s)' Attor btor(s) and attorney for the Debtor(s), if any, must te address and telephone number. by Delonda Denise Michelle Kelly	st sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide their X		
	elonda Denise Michelle Kelly ignature of Debtor 1	Signature of Debtor 2		
Ex	xecuted on January 16, 2019	Executed on		
A	0106 Havard Rd ddress loss Point MS 39562-0000	Address		
	ity, State, and Zip Code	City, State, and Zip Code		
Te	elephone Number	Telephone Number		
Joa Sig 303 Jac Add 60' Tel por	oanie Potter oanie Potter ignature of Attorney for Debtor(s) 03 E. Northside Drive ackson, MS 39206	Date January 16, 2019		
	ddress, City, State, and Zip Code 01-238-3190	10290 MS		
	elephone Number otterlawfirm@gmail.com mail Address	MS Bar Number		